



County of Maui - Department of Finance
Real Property Tax Division
Service Center, Suite A16
70 E. Kaahumanu Avenue, Kahului, HI 96732
(808) 270-7297 Fax (808) 270-7884

REQUEST FOR ADDRESS CHANGE

TAX MAP KEY NUMBER					
ISLAND	ZONE	SECTION	PLAT	PARCEL	CPR
2					

PLEASE SEND MY ASSESSMENT NOTICE TO:
Name: _____
Address: _____
City, State, ZIP: _____

PLEASE SEND MY TAX BILL TO:
Same as assessment notice (please check box if applies)
I <u>do not</u> have a mortgage and/or mortgage is paid in full, please delete mortgage code and send bills to:
Name: _____
Address: _____
City, State, ZIP: _____

Owner of record must submit this request for change of address with either: valid driver's license, State registration card, birth certificate, and other governmental or legal documents. (Copies are accepted with claims submitted by mail or fax)

Owner or Authorized Agent Signature: _____

Print Name: _____

Address (if different from above): _____

City, State, ZIP: _____

Phone Contact: (H) _____ (B) _____ (C) _____

Date Purchased: _____

FOR OFFICIAL USE ONLY
Assessment: Date Received _____ By _____ Date Posted _____
Collections: Date Received _____ By _____ Date Posted _____